

NIH Clinical Center
Nursing Department



THE CLINICAL CENTER NURSING DEPARTMENT

IS COMMITTED TO PROVIDING EXCEPTIONAL QUALITY

CARE THROUGH PRIMARY NURSING. WE VALUE AND EXCEED

THE EXPECTATIONS OF EACH UNIQUE PATIENT, FAMILY SYSTEM

AND EMPLOYEE. OUR COMMITMENT IS TO PROVIDE AN

ENVIRONMENT THAT FOSTERS EXCELLENCE THROUGH TEAM-

WORK, ORGANIZATIONAL UNITY AND OPEN COMMUNICATION.



*T*he challenges and accomplishments of the Nursing Department in the past eighteen months have been many. A new direction for the Clinical Center organization was set with the adoption of total quality management (TQM). As part of the Clinical Center's TQM initiative, quality improvement awareness training for all Clinical Center staff was completed last summer. Excellent teamwork by Nursing Department facilitators made it possible for us to complete first level training in less than three months for 800 Nursing Department employees.

The Clinical Center's TQM philosophy and "Quality Together (QT)" program served as a catalyst for a long overdue examination of how the Nursing Department conducts its business. Extensive effort by the Nursing

Department has been made to increase participation, create meaningful and open dialogue about our strengths and weaknesses and to foster trust. This work was anchored in the belief that quality outcomes are achieved through staff teamwork and alignment with the department's priorities and goals. With the ideas and contributions of many in the department, a new shared governance model has been created. A new paradigm of leadership and followership within the department is emerging, characterized by shared power.

Throughout the process of crafting the new governance model, an important notion was made clear: the design of the structure (boxes, interaction lines and definition of function) is only as good as the behaviors and actions of people participating. I look forward to seeing increased collaboration develop within the department, along with increased respect for diversity and sharing, as well as problem solving based on negotiation, compromise and teamwork. I hope this collaboration will bring to the department a unity in direction and purpose not often found in nursing.

As I reflect on the past year and a half, I see many accomplishments. We have sharpened our practice by evaluating nursing interventions and processes through numerous nursing research studies. We have clarified roles by evaluating clinical ladder implementation, the process of promotion and the practice of primary nursing. We have responded to the changing



demands for research support and patient care by creating Day Hospitals, a High Observation Room and an Intermediate Care Unit. We have created new operating efficiencies by merging units when renovations occur and when census is low. We have reduced department overtime by 12%. We have expanded our contributions to the Clinical Center by supporting the Protocol Implementation Planning Project. We have contributed Nursing Department talent to QT champion projects and to various Clinical Center committees and task forces. We have improved and developed patient classification systems for inpatient and outpatient settings. We have developed extensive systems to support management decision making and to streamline office operations. We have collaborated with the Institutes and the NCNR in sponsoring lectures, internships and conferences. We have achieved a level of competence and expertise through education. In 18 months, we have successfully recruited over 280 nurses and closed the nurse vacancy rate to less than 2%.

The challenges in the coming year can best be met through a unified sense of purpose and direction created by our shared vision. The quality of care delivered must meet our special obligation to patients and families who engage in a partnership of research and care with us. We must continue our commitment and contributions to professional nursing practice and patient care through research. We must support career oriented professional development for our nurses. Our team must support and facilitate active participation, organizational commitment, and flexibility. To this end, I thank you for your hard work and support over the last year, and I look forward to continuing our work together.



Kathryn L. McKeon
Associate Director for Nursing



*S*triving for quality has always been a goal of the Clinical Center and the Nursing Department, whether in conducting biomedical research that is of the highest quality, or delivering the highest quality patient care.

To increase levels of quality even further, the Clinical Center instituted a program of Total Quality Management (TQM). Employees will be educated in the goals and standards of the Clinical Center quality improvement program called Quality Together (QT). We believe that by working together to reach prescribed quality standards, we can achieve and maintain the highest level of patient care and research.

Initially, as part of the Clinical Center's facilitator training for TQM, 25 nursing staff members attended 40 hours of facilitator training, provided by the Clinical Center's TQM consultant. QT was explained to over 800 members of the Nursing Department in a series of one-day workshops throughout the Summer 1991. The 25 Nursing Department facilitators lectured and led interactive sessions on the Nursing Department's strengths and weaknesses as part of the QT education effort. Subsequently, a Nursing Department Guidance Team, made up of executive and staff level members, was formed to help with QT implementation.

To facilitate TQM implementation in the Clinical Center several Champion Projects were established. They are designed to put in place the infrastructure and organizational essentials which are needed to support TQM.

Within the Nursing Department, several task forces have been active in the past 18 months, researching issues and solving problems of major concern to the department. A report of their activities follows:

Uniform Task Force When the Office of Personnel Management decided to increase the uniform allowance, the Nursing Department



► KATHY MCKEON PRESIDES AT
A CLINICAL CENTER NURSING
DEPARTMENT GENERAL ASSEMBLY.



was asked to review its uniform policy. A task force, chaired by Sue Rudy, met from August 1991 to March 1992 to review and revise the Nursing Department policy. They researched department opinion and pertinent issues such as uniform function, infection control and professional appearance. A new policy, "Policy on Professional Attire," was developed. Staff nurses individually determine dress which is appropriate for their patient population and work. Peer review is utilized to assure safety and appropriateness of attire. The development of this policy reaffirms the professionalism of the nursing staff.

Controlled Substance Task Force The Nursing Department Quality Assurance Committee in collaboration with the Pharmacy Department identified problems related to the documentation and administration of controlled substances and their security.

The Medication Security Task Force, chaired by Pam Navarro, assessed the security of medication areas and medication storage, including controlled substances.

The Narcotic Policy Task Force, chaired by Linda Simpson-St. Clair, evaluated nursing and pharmacy policies, procedures and guidelines related to handling controlled substances.

The work of these task forces resulted in the purchase and implementation of new unit dose medication carts for all patient care areas. New Nursing and Pharmacy Controlled Substance Policies and Addendum were developed.

Primary Nursing Steering Committee In December 1990, the Primary Nursing Steering Committee was commissioned and charged to find a solution to problems associated with the inconsistent practice of primary nursing; and to deal with concerns about the fairness and equity



The Marketing and Communications Division has been working to introduce new strategies to improve the recruitment and retention of nurses. By increasing our customer responsiveness, we attracted and processed interested nurse applicants in record numbers and in record time. In the last year, we hired 190 nurses.

An equally important goal has been to support the clinical services and divisions in their communication and retention activities and to ensure continuity of professional materials and messages. We recently introduced comprehensive conference management systems to support these efforts.

In the last 18 months we served as the liaison between our nursing colleagues and outside marketing professionals. Comprehensive market research was conducted and the results have driven the development of our new five year marketing plan. A staff nurse focus group was also integral in helping to select the image that will be used to revise our new campaign.

Diane Chase
Director of Marketing
and Communications

of clinical ladder expectations and promotions across all services. Two nurses from each Service Primary Nursing Task Force comprised the Department Steering Committee. Members adopted a QT consensus decision process to conduct its work.

Results The result of the committee's work was to determine an updated set of values and beliefs upon which a redefined system of primary nursing care is based. A revised Nursing Department Philosophy Statement document, inclusive of a definition of terms and clarification of primary nursing and clinical practice roles, was also developed.

As of April 1992, the committee had completed revision of primary nursing and clinical ladder guidelines. After merging with the Nursing Service Review Board (NSRB) Steering Committee, a comprehensive

► STAFF NURSE DIANE RUBY OF THE CRITICAL CARE NURSING SERVICE OFFERS SUPPORT AND TEACHING.



plan for implementation is being developed. The implementation plan will include a department-wide education program; development of clinical ladder orientation modules (one for staff nurses and one for managers); revision of Employee Performance Management Systems (EPMS) work plans and development of a master reference manual (including content explaining the theoretical basis of the clinical ladder, operational guidelines for the practice of primary nursing and clinical ladder promotion guidelines). Implementation is scheduled for Fall 1992.



Nursing Service Review Board (NSRB) Steering Committee

Constituted in December 1990, the Nursing Service Review Board (NSRB) Steering Committee was asked to find solutions to Nursing Department problems related to variations in GS-11 role definition and utilization; dissatisfaction with unit allocation and distribution of GS-11s; and inconsistent GS-11 review board and promotion practices.

Two nurses representing each of four Nursing Service Task Forces comprised the steering committee. A QT consensus decision making approach was utilized.

The purpose of the steering committee was to solicit input from staff throughout the Nursing Department about the GS-11 position and promotion process and to foster consensus among nurses to identify solutions. They reviewed existing NRB processes and content including measurement tools and procedures.

Results The committee developed written guidelines for the implementation of the GS-11 selection process, developed standardized criteria for GS-11 review and selection, and will address the education of staff and Head Nurse on their use. Criteria for promotion review and selection were established for: Clinical Practice, Education, Research and Leadership. A standardized weighted review document was developed to facilitate the review and selection process.

As of April 1992, Nursing Service Chiefs and Head Nurses were asked to develop an annual service distribution plan for GS-11 positions. The number and distribution of GS-11s are to be based on the work and priorities of the service and Nursing Department.

In March 1992, the NRB Committee joined with the Primary Nursing Steering Committee to finalize comprehensive implementation strate-



► STAFF NURSE KATHLEEN
FITZGERALD OF THE MHANA
NURSING SERVICE PERFORMS
A NEUROLOGICAL ASSESSMENT.

gies. Implementation of NSRB Committee recommendations will include development of a master reference document with review board guidelines, operating instructions and a yearly evaluation plan for NSRB content and process.

Clinical Center Infusion Pump Task Force Nursing Department staff have been actively involved in the Infusion Pump Task Force, an inter-departmental subcommittee of the Clinical Center Standardization Committee. Working with an outside consultant (ECRI), the task force conducted a comprehensive evaluation which resulted in the selection of new infusion pumps for general patient care use at the Clinical Center. In the last year, nurses were involved in working with manufacturer representatives to develop the implementation plan for pump delivery, testing, in-servicing and distribution to inpatient care areas and ambulatory care clinics throughout the Clinical Center. Currently, efforts are underway to improve effective pump use and problem-solve special and general pump use problems.

Quality Assurance Accomplishments and the Transition to Quality Improvement With QT training behind us, the Nursing Department is positioned well to meet the JCAHO new standards requiring a transition from Quality Assurance (QA) to Quality Improvement (QI). Consistent with QI processes, the Nursing Department supported interdisciplinary collaboration, increased customer participation and the alignment and streamlining of hospital problem solving. Accomplishments in the last 18 months include:

- I To increase **interdisciplinary collaboration**, nursing initiated several QA identified quality improvement activities. With the Pharmacy Department, we worked to improve the system of handling controlled substances; with Clinical Pathology, to improve the handling



► EDUCATOR DIANE THOMPKINS (RIGHT) LEADS A MEETING OF THE NURSING DEPARTMENT GUIDANCE TEAM.



and verification of specimens; with Medical Records, to develop a new records labeling policy; with Epidemiology, to improve the system of providing infection control feedback to Head Nurses; with Patient Escort Services, to improve communication on patient isolation status; with Central Sterile Supply, to improve the reporting and handling of defective equipment; and with Nutrition, we worked to improve the ordering process for fluids and nutrition supplements.

- To support **increased customer participation**, nurses and staff throughout the department were involved in preparations for JCAHO and the site visit of the accreditation review. The department has been and will continue to support staff throughout the Nursing Department in a wide variety of centralized and decentralized QA activities. In the coming year, nursing support staff will participate in the review of the Nursing Department's QA Plan and will be involved in the revision of the QA plan to incorporate new JCAHO QI standards.
- To **create a shared department direction for QA**, we streamlined and standardized the methods of reporting QA activities. We standardized the Nursing Department Policy and Procedure Development process. We aligned clinical indicator monitoring with nursing care standards. Additionally, we integrated nurses practicing outside the Nursing Department into our department's QA system, thereby creating linkages to ensure quality nursing care throughout the Clinical Center.



The Division of Clinical Nursing Information Systems and Quality Assurance worked toward achieving four major goals: to support the Nursing Department's use of Medical Information System; to address and improve education needs related to Quality Improvement; and to support patient privacy through security management of the system, and direct the preparation for accreditation review. In supporting nursing's use of the system, we developed, implemented and analyzed 85 requests for improvement, through the Nursing Information System Committee.

In addition to providing educational support for these requests, we trained new employees, conducted over 30 site visits, and demonstrated the NIS system to over 300 visitors. Collaborating with other divisions, we supported and educated personnel on the MIS and patient classification system, as well as helped condense the nursing orientation process to 2½ weeks.

We refined the process for assigning and deleting MIS codes, including linking signing in with credentialing, to assure data security and to protect patient privacy.

And we placed great emphasis on Quality Assurance, focusing on standardizing specific aspects of care. Transitioning Quality Assurance to Quality Improvement will be a top priority for the division in the coming year.

Carol Romano
Director of Clinical Nursing Information Systems and Quality Assurance

*A*s part of the community of federal health care facilities, we participated in numerous efforts to help support Operation Desert Storm.

Navy Hospital Decompression for Surgical and Oncology

Patients The 9 East nursing staff, who are proficient in caring for patients with lupus and other rheumatological diseases, accepted a new challenge this year. As part of an effort to support the National Navy Medical Center, they prepared to receive post-operative general surgery patients. Clinical Specialists Linda Coe and Debbie Byram were called upon to facilitate this initiative. The 9 East staff completed

an eight-hour course on post-op nursing care, and staff from Navy were oriented to the Clinical Center. Special arrangements for admitting and scheduling patients were made. As a result, the Clinical Center helped Navy Medical Center provide care to dependent and retired military personnel while maximizing services for active duty

► HEAD NURSE DAN SANDS OF THE CANCER NURSING SERVICE ON ASSIGNMENT AT THE SULBIKHAT HOSPITAL IN KUWAIT DURING DESERT STORM.



Photo courtesy of the American Red Cross



personnel serving in Operation Desert Storm.

Also in support of Operation Desert Storm, NCI staff and the Cancer Nursing Service developed a program to support the move of oncology patients from Navy to NIH. NCI's Navy Cancer unit sent oncology patients to NIH to receive ambulatory care on the 12th floor Medical Oncology Clinic and 12 East Day Hospital. Patients requiring inpatient care were admitted to 2 East, 12 West and 13 East.

War Relief Nursing in Kuwait The Nursing Department sent a team of nurses to Kuwait immediately following Desert Storm, as part of a Public Health Service delegation detailed to the American Red Cross and the League of Red Cross and Red Crescent Societies (International). The team of Clinical Center nurses was comprised of Robert Parmentier, John Tuskan, Daniel Sands, and Tricia Perderstuen. They provided relief nursing services to the Sulbikhat Hospital in war torn Kuwait City and to the remote Abdalli Refugee Camp on the Iraqi border. During their six-week mission, the officers gained a lifetime of personal and professional experience and developed an appreciation of their own country and society.



The Cancer Nursing Service has worked creatively to enhance important service initiatives. We examined patient care services through several task forces. We reviewed our research status and future direction and offered opportunities for professional development in writing for publications and making presentations.

To meet the increasing need for greater efficiency and more ambulatory patient care support, we opened a Cancer Day Hospital on 12 East in April 1990. We sponsored a National Conference on Trends in Ambulatory Care in November 1991.

The service took steps to increase nurse retention and teamwork by sponsoring a team-building retreat. We put systems in place for nursing staff to offer solutions to problems.

As members of a larger professional community, we eagerly accepted patients from Navy Medical Center when military personnel were called to serve in Operation Desert Storm. We supported Camp Fantastic, a summer camp for children with cancer. Eight staff members were involved in its planning and participation.

We will continue to improve the practice of nursing with research findings. We will continue to evaluate our efficiency and seek innovations to improve support for cancer research and patient care. We enjoy an excellent collaborative working relationship with the National Cancer Institute and we look forward to exciting developments in research with Gene Therapy and other initiatives.

Jeanne Jenkins, Chief
Cancer Nursing Service

The Nursing Department instituted numerous innovations in response to changing patient care needs, the emphasis on increased financial accountability and our need to enhance organization systems to facilitate our QT goals.

Cancer Day Hospital The Cancer Day Hospital (CDH) is a patient care alternative to the outpatient clinic and inpatient unit. Skilled oncology nurses provide care to medical and surgical patients (adults and children) who are receiving complex medical therapy. The expert, experienced staff of the Day Hospital work closely with patients and medical staff in a collaborative practice arrangement which promotes the optimal delivery of patient care and research goals. Day Hospital nurses manage a cohort of patients on phase I and II research protocols. Working with patients and families to actively participate in care, nurses are responsible to coordinate research interventions, medical therapy, teaching and follow-up.

Child Psychiatry Day Treatment Program An evolution of NIMH's inpatient program which studies hyperactivity in male children, the Child Psychiatry Day Treatment Program cares for hyperactive children undergoing research on an outpatient basis. Since October 1990, highly specialized nurses provide comprehensive psychiatric nursing care to this challenging patient population.

7 East Provides Innovative Research Support The 7 East High Observation Room was created in January 1991 to care for patients in medical cardiology research protocols. The room is staffed and equipped to support unique patient care and protocol needs such as high fre-



► STAFF NURSE CAROLINE STORMS
OF THE CANCER DAY HOSPITAL
TEACHES PATIENT AND WIFE HOW
TO USE A HICKMAN CATHETER.



quency and technically sophisticated physiologic data collection. While providing investigators with expanded, convenient research support, it monitors patients at high risk for cardiac arrhythmias due to withdrawal from life sustaining medications while on protocol.

Privileging Process Assures Practice Standards Are Met In June 1990, the Nursing Department began privileging nurses to practice nursing in the Clinical Center. Any nurse who provides care to patients or who works as a research nurse or nurse practitioner must be privileged by the Nursing Department Privileging Committee. The application for clinical nursing privileges involves submitting documentation of appropriate professional credentials to verify education and clinical competence every two years. Since 1990, over 200 nurses employed by Clinical Center Departments and Institutes have been privileged to practice nursing. Over 800 Nursing Department nurses and nurse practitioners have also been privileged.

Protocol Implementation Project Expands Nursing's Role

The Nursing Department has for many years analyzed new research protocols in planning to support their implementation. Our protocol planning reports are highly detailed documents, isolating the nurse's role and impact in supporting biomedical research. At the request of Dr. Saul Rosen, Acting Director Clinical Center, the Nursing Department agreed to develop a more comprehensive Protocol Planning Report to support Medical Department information needs. The goal of



The Mental Health, Alcohol, Neurology, and Aging Nursing Service supports the changing clinical research initiatives of four complex and diverse Institutes. The focus of the National Institute of Mental Health (NIMH) research has shifted from studying acute inpatients to ambulatory patients in the outpatient setting. The development and implementation of a Child Psychiatry Day Treatment Program was a major accomplishment which has greatly facilitated the conduct of research on children with Attention Deficit Hyperactivity Disorder. A Day Hospital Program to support patients participating in neuroscience research trials will open soon. With unit renovations on 5 East and West coming to a close, we look forward to reestablishing individual units. The National Institute of Alcohol Abuse and Alcoholism has focused much of their research activity on establishing a genetic link to alcoholism, and is presently exploring the relationship between alcohol use and violence. The National Institute on Aging is conducting studies on Alzheimer's disease, the major focus of their research program.

As a Nursing Service, we are committed to providing the highest level of quality care to our patients. The support and development of our clinical nurses during a period of major program change is a major goal within our service.

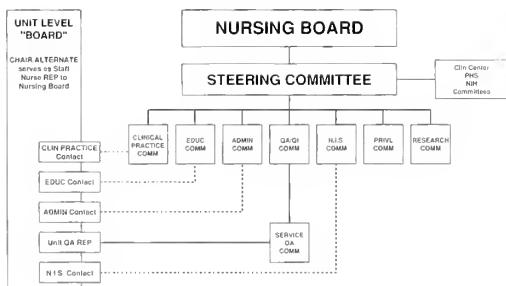
**Joann McCuen, Chief
Mental Health, Alcohol, Neurology
and Aging Nursing Service**

the project is to simplify new protocol planning by alerting the medical department's critical research support requirements. P. J. Maddox, Deputy Director for Nursing and Nursing Department Clinical Specialists are pilot testing the Protocol Implementation Project (PIP) guidelines and the reporting process. PIP enables the Clinical Center to approve new protocols more quickly, and helps assure that all departments have appropriate lead time in preparing for new protocols.

Governance Restructuring Encourages Participation One of the most exciting activities of the Nursing Department in 1991-1992 is adoption of a new professional governance model. Dissatisfied with the way our old structures for participative decision making and communications were working, the Nursing Department decided to restructure our professional governance system.

Kathy McKeon received feedback from staff throughout the Nursing Department about the need to streamline work processes, improve com-

GOVERNANCE MODEL



► MARY WHERRY, HEAD NURSE WITH MHANA NURSING SERVICE AND TIM STOCKDALE, CRITICAL CARE STAFF NURSE, MEMBERS OF THE GOVERNANCE MODEL WORK GROUP, PRESENT RESULTS DURING A NURSING DEPARTMENT GENERAL ASSEMBLY.





munication and increase staff nurse participation in department decisions. At the first general assembly in December 1991, all department members were encouraged to share ideas about governance model options. Seven models emerged and were discussed and reworked at subsequent general assemblies and meetings held January through March 1992.

Adopted in April 1992, the new governance structure evolved as a combination of the best features of the seven original models. Planning to implement the new governance structure is currently underway. Charmaine Cummings and a representative group of Nursing Department staff are developing the implementation strategies and time line. The Nursing Department is to be congratulated for its creativity and risk taking in developing the new governance model. It is professionally gratifying and will improve communication, teamwork and participative decision making throughout the department.

Management Information System Is Implemented The Division of Management Decision Systems has been working to facilitate the successful implementation of the Nursing Department's first computerized Management Database and Information System called ANSOS. Using a network of IBM computers and application software, the system will replace and streamline many labor intensive office functions.



Established July 1990, the Division of Management Decision Systems is challenged with the development and maintenance of a management data base and reporting system for the Nursing Department. We have focused on the development and refinement of patient acuity systems, and the implementation of a comprehensive management information system (ANSOS). Notable activities over the last 18 months include the interface of the ARIC inpatient classification system with the medical information system; development of an inpatient classification manual; acuity education sessions for Head Nurses and clinical nurses; standardization of timekeeping policies and procedures; personal computer and LAN support to all Nursing Department services and divisions; standardization of vacancy and turnover data; ongoing development of an ambulatory care acuity system; and expansion of data base management functions and system analysis for the development and assessment of nursing workload measures.

Betty Curtis
Director of Management Decision Systems

Among its many features, the new Automated Nurse Staffing Office System (ANSOS) provides more accurate data and supports rapid data retrieval as well as integrated management reporting. This state-of-the-art computerized management database is designed to serve the Nursing Department's information needs for years to come.

Expanded Nursing Role Provides New Benefits In June 1991, Gail Sachs joined the Critical Care/Heart, Lung and Blood Nursing Service as the first inpatient Nurse Practitioner in the Nursing Department. Caring for pulmonary patients with a wide variety of illnesses, Gail works closely with NHLBI Pulmonary Branch medical staff and 7 West nursing staff. She has demonstrated the contributions and benefits an inpatient nurse practitioner can make to support biomedical research and improve the efficiency and continuity of patient care.

PINAC Classification System The Division of Management Decision Systems, in consultation with Dr. Patricia Prescott, is developing and testing an innovative ambulatory care patient classification system. Development of the Patient Intensity for Nursing Index: Ambulatory Care (PINAC) is an ambitious and exciting project. This unique ambu-

► STAFF NURSE MARY VIENNA OF THE AACHEDD NURSING SERVICE PARTICIPATES IN PATIENT INTENSITY FOR NURSING INDEX: AMBULATORY CARE PATIENT CLASSIFICATION RESEARCH STUDY.





latory patient classification method incorporates nursing roles and functions, patient care activities, and clinic volume in determining nursing workload. Our Head Nurses and clinic staff nurses have been actively involved in every phase of the project, supplying clinical expertise and creative ideas. The Nursing Department is in the process of establishing the reliability and validity of the PINAC instrument. The project in its entirety will be completed and the instrument will be available for use in all Nursing Department Clinics by Fall 1992.

Nurse ID		Clinic	
PATIENT INTENSITY FOR NURSING INDEX: AMBULATORY CARE (PINAC)			
DIRECTIONS: Fill in the information and care times, and rate the dimensions for each patient who you care for longer than a total of ten minutes.			
Patient ID	MM	DD	YY
Date	Protocol #1	Protocol #2	
Principal Diagnosis	AGE		
Principal Procedure			
1. DIRECT CARE TIME: Fill in start and stop times associated with performing all aspects of direct patient care including assessment treatments, teaching, and providing emotional support. If there are multiple encounters fill in the direct care time for each encounter separately.			
ENCOUNTER	1	2	3
START Time	1:00	1:00	1:00
STOP Time	1:00	1:00	1:00
ENCOUNTER	4	5	6
START Time	1:00	1:00	1:00
STOP Time	1:00	1:00	1:00
2. INDIRECT CARE TIME: Fill in the total nursing time spent performing indirect aspects of care during this visit; include charting, referrals, arranging appointments, and other aspects of managing care for this patient.			
Enter TIME in Minutes			
3. TYPE OF VISIT: Check one category that best describes this patient visit.			
NEW PATIENT	RETURNING PATIENT		
Stable	Unstable		
Limited Services	<input type="checkbox"/>	<input type="checkbox"/>	
Extensive Services	<input type="checkbox"/>	<input type="checkbox"/>	
4. VISIT DESCRIPTION: Check one category that best describes this visit.			
Scheduled	Non-emergency walk-in	Emergency	
Telephone	Inpatient consult	Other	
Describe _____			
5. ASSESSMENT: Type and amount of information collected today including medical/nursing, physical examination, laboratory data			
<input checked="" type="checkbox"/> Partial assessment of limited routine parameters, e.g., vital signs, height and weight.			
<input checked="" type="checkbox"/> Partial assessment of several routine parameters, e.g., vital signs and symptom status.			
<input checked="" type="checkbox"/> Partial assessment of numerous routine or several specialized parameters, e.g., EKG, neurological tests, eye examinations.			
<input checked="" type="checkbox"/> Complete assessment of numerous routine and several specialized parameters or frequent assessment of patient with multiple changes in status, e.g., interpreting serum drug levels, cardiac arrhythmias.			
<input checked="" type="checkbox"/> Complete assessment of numerous specialized parameters or complete or continuous assessment of patient who is unable to assist, e.g., confused, combative, communication deficits, resistant.			
6. EMOTIONAL NEEDS: Care given due to the patient/family emotional responses to alterations in health/life situations. Rate only the amount of emotional support or intervention given by the nurse today			
<input checked="" type="checkbox"/> No emotional needs receiving nursing intervention. No emotional support/intervention given.			
<input checked="" type="checkbox"/> Minimal emotional needs: Emotional needs do not interfere with activities/care, infrequent support/intervention given.			
<input checked="" type="checkbox"/> Moderate emotional needs: Emotional needs interfere with few activities/aspects of care; occasional support/intervention given.			
<input checked="" type="checkbox"/> Major emotional needs: Emotional needs interfere with many activities/aspects of care; frequent support/intervention given.			
<input checked="" type="checkbox"/> Severe emotional needs: Emotional needs interfere with most/all activities/aspects of care; constant support/intervention given.			

Continued on other side

Financial responsibility, patient satisfaction and staff development have been the goals of the Allergy, Arthritis, Child Health, Eye, Digestive, Dental, and Deafness and Disorders of Communication (AACEDDD) Nursing Service this year.



To maximize nursing resources, units with decreased census have combined and LPNs and nursing assistants have been hired to augment unit staffs. The 9 East Arthritis and Musculoskeletal Day Hospital recently celebrated its second anniversary and enjoys a steady increase in patient admissions. The Day Hospital of the National Institute of Allergy and Infectious Diseases (NIAID) opened as a pilot in September 1991, and after over 260 patient admissions, will become a permanent patient care program.

Unifying the 13 inpatient and outpatient units of the Service that admit patients from seven Institutes has been an exciting challenge for the AACEDDD staff. One commonality to most of our patients is the chronic nature of their illness. Consequently, many staff members participated in planning and presenting at the National Nursing Conference on Chronic Illness which we sponsored in March 1992.

Our priorities for the future include continuing to provide optimal patient care, managing resources effectively and supporting the Clinical Center and Nursing Department Quality Together initiatives.

Nancy Hanna, Chief
Allergy, Arthritis, Child Health, Eye,
Digestive, Dental, and Deafness and
Disorders of Communication Nursing Service

*T*n addition to supporting biomedical research, the Nursing Department has an active clinical nursing research program. Our unit-based research program encourages and mentors staff nurses to participate in research designed to improve clinical practice and patient care outcomes. We believe an active program of nursing research provides a scientific basis for nursing practice, fosters critical thinking and helps us to systematically evaluate the quality of care we provide. The hallmarks of our research program and accomplishments over the last 18 months are:

- expanding the use of doctorally-prepared Clinical Specialists to bring advanced clinical and research skills to actively involve nursing staff in research;
- supporting the development and conducting of over 30 clinical nursing research studies (in various stages of completion);
- publishing and presenting research findings in scientific literature and at professional meetings and
- using nursing research findings to impact clinical practice by changing nursing interventions, improving patient outcomes and improving the efficiency of care.

► DR. MARIANNE CHULAY, CLINICAL NURSE SPECIALIST AND CURRENT PRESIDENT OF THE AMERICAN ASSOCIATION OF CRITICAL CARE NURSES AND STAFF NURSE JEFF MCKINNEY CONDUCT UNIT-BASED NURSING RESEARCH.





The active involvement of staff nurses in unit-based research has created benefits beyond clinical practice. The retention of staff involved in nursing research is documented and recruitment of new staff is benefited when nurses realize a greater sense of autonomy, responsibility, and professional image enhancement.

With the increased growth of the NCNR, we continue to explore new opportunities for collaboration and support. Our distinct missions are completed by our mutual interest in advancing nursing research and nurses' research skills. We look forward to the expansion of the NCNR's intra-mural program to support its national research agenda. With the growth of our unit-based clinical nursing research program, we look forward to strengthening the practice of nursing at the Clinical Center.



The Critical Care/Heart, Lung and Blood Nursing Service has undergone tremendous change in the past 18 months. As our research focus shifted from cardiac studies to hematology, immunotherapy and bone marrow studies, entire nursing units were challenged to refocus and learn new research and patient care skills. We added a High Observation Research Room, another Cardiac Catheterization Lab, and expanded our cardiology unit from 14 to 18 beds. To increase the skills of our staff, we added two doctorally-prepared Clinical Nurse Specialists and our first Nurse Practitioner. Yet through all the change, we have seen very little staff turnover, which is great credit to the maturity of our staff, and the team atmosphere which we have tried to foster.

Through the period of turmoil, we took several staff satisfaction initiatives including establishing a Clinical Ladder education program and scheduling interviews with every staff nurse to increase access to my office. Meanwhile, our Psychiatric Nurse Liaison meetings and our service-based peer review group have both helped to promote a working relationship based on mutual cooperation and support, as well as to encourage nurses to take on leadership roles. As part of our Quality Assurance efforts, our Outcome Task Force has been working on standards that will help our nurses shift their thinking from processes to outcomes.

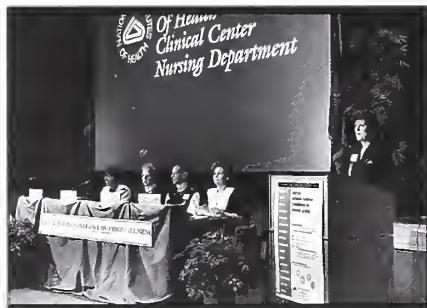
We believe we can continue this work towards achieving our future goals, not necessarily by working harder, but by working smarter.

Gladys Campbell, Chief
Critical Care/Heart, Lung and Blood Nursing Service

National Educational Conferences Highlight Nursing Department Expertise

By sponsoring national education conferences we have shared with our colleagues and contributed to improving nursing practice and patient care in a wide variety of areas:

- "Progress in Cancer Treatment: Preparing for the 1990s," was the fifth such national conference sponsored by the Cancer Nursing Service. Held in October 1990, over 450 nurses from across the country attended to learn about advances in oncology nursing care and therapy. Speakers included staff and researchers from NIH and the oncology nursing field.
- State of the Art and Science Psychiatric Nursing conference, "Evaluating our Progress and Guiding Our Future," was held in November 1990. Co-sponsored by the Clinical Center Nursing Department and the National Institute of Mental Health, this national conference on the many facets of psychiatric nursing featured a wide variety of research topics on psychiatric medical disorders.
- Distinguished Nurse Lecture, "Research Issues: Support for Care Givers," was held in March 1991. Co-sponsored by the Clinical Center Nursing Department and the National Center for Nursing Research, this evening conference was well attended by 200 area nurses. Dr. May Wykle was honored as the year's distinguished lecturer.
- "Unit-Based Quality Assurance: Staff Nurses Making it Work" was sponsored by the Critical Care/Heart, Lung and Blood Nursing Service. Held in May 1991, it was organized and chaired by staff nurses Fran Loscalzo and Susan Wallace. Attended by over 150 nurses, the conference highlighted our accomplishments in developing QA indicators, setting up unit-based QA programs, implementing outcome standards, using corrective action plans and computerized data analysis.



► NANCY HANNA GIVES OPENING
REMARKS AT THE NATIONAL
CHRONIC ILLNESS NURSING
CONFERENCE SPONSORED BY THE
AACEDDD NURSING SERVICE.



- "Nursing Management of the Patient with HIV Infection" was held over a six week period, March through April 1991. Sponsored by the AACBEDD Nursing Service, the conference featured NIH and Clinical Center staff lecturers with extensive knowledge about HIV-infected patients and their care. Approximately 130 nurses from the tri-state area completed the course, each earning 16.5 hours of continuing education credits.
- "Oncology Nursing: Trends in Ambulatory Care" was held November 1991. It was sponsored by the Cancer Nursing Service to discuss trends and innovations in oncology nursing. With the increasing shift in patient care from inpatient to ambulatory care settings, the conference drew 450 nurses from across the country.
- "State of the Art and Science of Child and Adolescent Psychiatric Nursing" was held February 1992. It was co-sponsored by the Clinical Center Nursing Department, Mental Health Service and the National Institute for Mental Health. Leaders in the field of child and adolescent psychiatry were brought together to share ideas and recommend future directions in research, education and nursing practice. In recognition of the Nursing Department's efforts, we were invited to conduct a future workshop to teach nurses the staff development process.
- "National Conference on Chronic Illness" was held in March 1992. Sponsored by the Allergy, Arthritis, Child Health, Eye, Dental and Deafness and Communicative Disorders Nursing Service. The conference was enthusiastically received and attended. Over 500 nurses and nursing students from across the country attended to share experiences and learn new ideas in caring for patients with chronic illness, an increasingly important health care problem.



As the Nursing Department changes its focus and structure, the Division of Nursing Education provides educational sessions to ensure that nurses are professionally and clinically prepared to meet the change. To maintain quality patient care standards, the division and the nursing services either initiated or upgraded competency-based education programs. Not only was a competency content system devised for general orientation, but a new schedule to streamline orientation from 4 weeks to 2½ weeks was instituted. This allowed new nurses to concentrate fully on classroom and laboratory competencies before beginning unit-based orientation.

In keeping with JCAHO accreditation requirements, we established an intensive program to assure the privileging of all nurses at the Clinical Center. The division has provided classes for nurses to update competence in Medication Administration, IV Therapies and Blood Administration.

As the Clinical Center launched into Quality Together (Total Quality Management), the division coordinated a one-day workshop conducted throughout the Summer of 1991 for over 800 members of the Nursing Department.

As the structure of the Nursing Department evolves to a shared governance model, we will focus on developing new classes to meet the professional needs of the nurses to be active participants in the decisions of the department.

Charmaine Cummings
Director of Nursing Education

NURSING EDUCATION In order to foster the professional growth of Nursing Department staff, the Nursing Department supports a wide variety of education programs.

Orientation Process Sets The Nursing Department Apart Given the success of our nursing recruitment efforts the Nursing Department's orientation program has been active. In the last 18 months, over 280 new nurses received extensive orientation education ranging from six weeks to six months (depending upon the nurse's experience). The schedule and sequencing of formal classes, unit-based preceptorships, and MIS system classes was revised and streamlined in 1991. Competency-based education programs developed by educators on nursing services and in nursing education were recognized during the recent JCAHO review as model approaches.

Internships/Externships and Community Outreach Programs

Enhance Professional Growth and Recruitment In order to enhance our future recruitment, the Clinical Center Nursing Department sponsored several unique learning opportunities for new graduate nurses and "returning-to-the-workforce" nurses:

► In cooperation with the National Cancer Institute and the Neurological Disorders and Stroke Institute, two specialty training programs were sponsored. One program teaches specialty nursing practice in the field of oncology nursing and the other in neuroscience nursing. Nineteen new graduate nurses from across the U.S. came to learn from our nurse mentors on the Oncology Nursing Service in the Cancer Nurse Training Program. The Neuro Nursing Service trained a large number of new staff in the Neuro Internship (NIP) Program.



► STAFF NURSES TANNIA CARTLEDGE (LEFT) AND NELLY RIVERA (RIGHT) OF THE AACEDDD NURSING SERVICE PREPARE A PROFESSIONAL POSTER.



■ Thirty-four students from a wide variety of nursing schools, participated in a paid Externship Program in 1991. Throughout the summer months, senior level student nurses work at the Clinical Center as nursing assistants. They learn about the professional practice of nursing, enrich their education and are oriented to real hospital work. Many students returned to work at the Clinical Center after graduation.

Two programs are designed for would be and returning nurses to help them launch nursing careers:

The *Senior Co-Steps* scholarship program is sponsored through the U.S. Public Health Service. The tuition for senior-level student nurses is funded by the Nursing Department in exchange for the nurse's commitment to work at NIH for two years after graduation. Four Senior Co-Steps were funded in 1990, and seven in 1991.

The *Professional Update Program* is a 10-week review course for RNs who have been out of active nursing practice for an extended period of time. Offered by the Nursing Department two times in 1990 and 1991, eleven nurses have completed the program. In twice-weekly sessions comprised of lectures and clinical assignments, these nurses acquire the skill to return to practice nursing. Many are recruited to the Nursing Department after graduation.



► STAFF NURSE KATE SCHNEBEL
(LEFT) PARTICIPATES IN IV
THERAPY CERTIFICATION COURSE.
CLINICAL NURSE EDUCATOR KATHY
AYERS (RIGHT) ASSISTS.



We have made great strides over the past 18 months, working through a period of tremendous change and emerging a more unified Nursing Department. We are looking together toward the future with enthusiasm.

We will continue to foster a greater sense of unity, collaboration and cooperation with the department, the Clinical Center and Institutes. We will continue our efforts to fine-tune the allocation of resources and establish new bottom lines for financial accountability.

We have just hit our stride as leaders in the field. Our professional practice is unmatched. And we are proud of our ability to create a climate where the highest level of nursing care is reached. The new marketing plan for the department positions us to be recognized as the leaders we are.

The Nursing Department is a large entity, but it is only part of a very large, very important whole. As nurses, we have traditionally viewed ourselves as primary patient care providers, not necessarily as members of a corporation. The future will see us aligned even more closely with the mission of the entire National Institutes of Health, looking eagerly toward what lies ahead.



1990 CLINICAL CENTER NURSING DEPARTMENT AWARDS

Director's Award

Debra Byram
Maria Stagnitta

Nurse of the Year

Jill Lietzau

Distinguished Nurse

Priscilla Baykin

Nursing Research Award

Marianne Chulay	Victoria Strider
Lillian Ananian	Debra Tribett
Debra Byram	Lisa Dellasanta
Gladys Campbell	Cathy Rasenthal
Diane Chase	
Deborah Hepburn	
Susan Jahnsan	

COMPLETED RESEARCH

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BRENHOLTZ, ROGER
BRENNAN, DOROTHY
BRENNAN, REIL
BRENNEMAN, CYNTHIA
BRENTZEL, SANDRA
BRIDE, ANNE
BRIONES, CORAZON
BRODEUR, MARY ANN
BROOKS, ARLENE
BROOKS, PAMELA
BROPHY, LINDA
BROWER, DEBORAH
BROWN, BERTRAM
BROWN, BETTY
BROWN, BONITA
BROWNE, ALLYSON
BROWNE, JAMES
BROWN, RACHEL
BROWN, SHEILA
BRUCE, SHIRLEY
BRUTON, JEANINE
BRUTSCHE, NANCY
BRYLA, CHRISTINE
BUCK, PRISCILLA
BUFORD, PAULA
BUPP, JANE
BURGESS, SUZANNE
BURNS, JOYCE
BURNS, KRIS
BURSTYN, MAEIR
BUTTERWORTH, LINDA
BUYSSE, MARY
BYRAM, DEBRA
BYRNE, GENEVIEVE
BYRNE, SHARON

CAMPBELL, GLADYS
CANADA, LOUISE
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CANNON, MARIE
CAPLES, MARY
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CARMI, AIDA
CAROTHERS, NANCY
CARROLL, DAVID
CARROLL, ROBERTA
CARTER, GERALDINE
CARTLEDGE, TANNIA
CASTILLO, CHRISTINE
CAUBO, KATHLEEN
CHAMBERS, CARIN
CHAREST, DEBORAH
CHASE, DIANE
CHASE, MARIAN
CHATFIELD, SANDRA
CHEN, SUSAN
CHICCA, CYNTHIA
CHISHOLM, LAURA
CHULAY, MARIANNE
CLARK, CATHY
CLARKE, DORIS
CLAUSEN, LISA
CLAVELL, LICCY
CLAYPOOL, REGINALD
CLEM, PAMELA
COCHRAN, CRAIG
CODORI, MARY
COE, LINDA
COGHILL, KAREN
COHEN, BARRY
COLEMAN, LINDA
COLEMAN, PEGGY
COLEMAN, WANDA
COLGAN, JUDITH
COLILLA, JUNE
COLLAR, CAROL
COLLINS, ELIZABETH
COMSTOCK, RICHARD
CONSIDINE, ELAINE
CONVERTINO, VALERIE
COOK, LISA
COREY, BARBARA
COREY, MATTHEW
CORRIERE, BLANCHE

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BADAR, DIANE
BAKER, DIANE
BAKER, KAREN
BAKKE, SUSAN
BALLARD, NAOMI
BALOG, JOAN
BANGART, PATRICIA
BARBER, BEVERLY
BARBOUR, MONICA
BARHAM, BEVERLY
BARKSDALE, THERESA
BARNABY, SYBIL
BARNES, PAULINE
BARNHART, LISA

BOLAND, TERI
BOLLE, JACQUES
BOMBERGER, CORIN
BOOHER, SUSAN
BORDENICK, STEPHANIE
BOREIKO, JANICE
BOSMANS, CHARLOTTE
BOSTIC, IRENE
BOWENS, BARBARA
BOWER, APRIL
BOWER, SUSAN
BOWE, STACY
BOX, PAULETTE
BOYKIN, PRISCILLA
BOYKINS, MELISSA

CABRERA, EVELYN
CADE, DEBORAH
CAHILL, KELLY
CALAMUCI, STEVEN
CAMERON, JENNIFER

(c)

CABRERA, EVELYN
CADE, DEBORAH
CAHILL, KELLY
CALAMUCI, STEVEN
CAMERON, JENNIFER

COSCA, PATRICIA	DIMOND, EILEEN	FIORAVANTI, SUZANNE	GORDON, JACQUELINE
COX, KIM	DINGER, MARIA	FISCHER, STEPHANIE	GORMONT, JOYCE
CRAGO, BERNIE	DOLAN-BRANTON, LISA	FISCHETTI, LINDA	GOTTSCHALK, CINDY
CRAIG, BRADENE	DOLAN, SUZANNE	FISHER, CHERYL	GOUDREAU, ANNE
CRAIG, CATHERINE	DOMINGUEZ, DINORA	FITZGERALD, ALAN	GOVONI, LAURA
CRESAP, JANICE	DONAHOE, JANE	FITZGERALD, KATHLEEN	GRAEF, CAROL
CRISWELL, ELEANOR	DONNELLAN, MARCIA	FITZGERALD, SUSAN	GRAHAM, OLIVE
CRONAN, MARGARET	DOUGHERTY, CAROL	FITZWATER, LINDA	GRANINGER, GRACE
CUJAS, MARY	DOWDY, KAREN	FLANAGAN, MARGARET	GRASBERGER, ANNE
CULLEN, KAREN	DOWNING, LILIANE	FLANARY, ROBIN	GREENE, JOANNE
CULTON, JAN	DRAKE, DENISE	FLEAGLE, DONNA	GREENMAN, DEBRA
CULVER, MARTHA	DRASS, JANICE	FLEMING, ANTOINETTE	GREENWALD, MARIE
CUMMINGS, CHARMIANE	DUBEAU, JULIE	FLEURY, MARY	GRIESHABER, SHIRLEY
CURTIS, BETTY	DUNCAN, MARILYN	FLYNN, SUZANNE	GRIFFIS, DORIS
CUSACK, GEORGIA		FONTAINE, LAURA	GRIFFITH, HELEN
CUSACK, SUSAN		FORCINO, JOAN	GUADAGNINI, JEAN-PIERRE
CUTLER, CAROL		FORQUER, RALPH	GUMOWSKI, JULIE
CZERSKI, DOROTHY		FOWLER, KATHY	GUPTA, MADELINE
		FRASER, MARY	GUTHRIE, LORI
D'ANGELO, TERESA	EASTEP, MARY	FRAZIER, TIA	GUY, BRENDA
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DALEY, TAMMY	EDBERG, ELEANOR		
DANACEAU, MERRY	EDEN, SHARLENE		
DARNELL, DIRK	EDGERLY, MAUREEN		
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DAVIS, CLAIBORNE	ELLWOOD, ANN		
DAVIS, JANICE	EMERY, DONNA		
DAVIS, SHEILA	ENGLAR, NANCY		
DAVISSON, TERESA	ENGLE, JANE		
DAY, NANCY	ERNST, INEZ		
DEALMEIDA, NANCY	ERWIN, PATRICIA		
DEAN, KITTY	ESHMONT, JOYCE		
DeCARVALHO, MARIA	ESPEJO, CONSUELO		
DEFENSOR, RUBY	ESPOSITO, LISA		
DEJARNETTE, KAREN	ESTRIN, MAUREEN		
DELAPENA, LESLIE	EVERETT, KRISTEN		
DELEEUW, JOYCE	FAIRCHILD, LILLIE		
DELLASANTA, LISA	FANG, BERNICE		
DEMANGONE, CONCETTA	FANTOM, HERMAN		
DESFAYES, JOSETTE	FARLEY, MAUREEN		
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		GORDON, INGELISE	HATHAWAY, OLANDA



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HAWLEY, EFFIE	JAMES, MARY	KNUDTSON, BETH	LIETZAU, JILL
HEALY, JANE	JAMES, ROSENA	KOPPENHAFER, MAUREEN	LINK, MARY
HEATH, KATHRYN	JARVIS, PATRICIA	KOSS, JESSICA	LINKO, LINDA
HEATH, OKSOOK	JEANNERET, LISA	KOTITE, MARY	LINK, ROSEMARIE
HEGGS, VIRGINIA	JEFFRIES, MARIA	KOVIACK, PAMELA	LIONETTI, THOMAS
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HEPBURN, CLAUDIA	JENKINS, MARIE	KRALL, KATHLEEN	LITTEL, CYNTHIA
HERSEY, HOLLY	JENNE, SHARON	KRASNECKY, CINDY	LITZENBERGER, RUTH
HESS, SOLANGE	JESSUP, BARBARA	KRAVITZ, MARSHA	LITZ, JEANETTE
HIBBARD, VIOLA	JETERBARNES, YVONNE	KREILEY, BARBARA	LIU, SHUYING
HICKEY, ANN	JOHNSON-KHAN, NATALIE	KRESKOW, JOYCE	LLOYD, ANNE
HIGHAM, MARY	JOHNSON, EUNICE	KRISKO, KATHLEEN	LLOYD, MARGARET
HILL, SHEILA	JOHNSON, GEORGIA	KROON, TERRI LYNN	LOGAN, PAUL
HILLS, R. GRANT	JOHNSON, LAMETTRA	KRYK, JUNE	LOGUN, JENNIFER
HINCKLEY, PATRICIA	JOHNSON, SUSAN	KUBA, RICHARD	LONG, JEANETTE
HINES, BESSIE	JONES, ANNE	KULTALA-SPOLNICKI, JANIS	LONG, LAUREN
HOAGLAND, JAMES	JONES, JANET	KUZMIK, CAROLE	LOPEZ, JACQUELYNE
HOBBES, DIANE	JONES, JOY	KYHOS, JOAN	LORIS, PAULETTE
HOHMAN, PATRICIA	JONES, SANDRA		LOSCALZO, FRANCES
HOHM, SUSAN	JONES, WARDELL		LOTT, JENNIFER
HOLLEY, MARIE	JORDAN, EILEEN		LOUGHREN, MARION
HOLLIDAY, RITA	JUSTEMENT, BRENDA		LUDWIG, JANET
HOLLIS-BIRD, ROSA			LUDY, LINDA
HONEYCUTT, ANITA			
HONG, CARINA	k		
HOPE, ADRIENNE	KACUBA, ALICE	LAKE, PATRICIA	MABEUS, OLIVIA
HOPKINS, ELIZABETH	KAPLAN, MEREDITH	LALONDE, GRACE	MACDONALD, SANDRA
HORTON, ELLEN	KAUFMAN, GEORGINA	LANCE, ROBERTA	MACIAG, LORRAINE
HORTON, RALPH	KEDROWSKI, SHIRLEY	LANE, KIMBERLY	MADARAS, JULIA
HOWES, ANNE	KEENE, BETTE	LANGE, EILEEN	MADDOX, MELANIE
HUBER, MARY	KELLY, CHRISTINE	LATSON, GWENDOLYN	MADDOX, P.J.
HUDDLESTON, SUZANNE	KENNEDY, KATHLEEN	LAU, MARGARET	MAGNO, PATRICIA
HUFFMAN, MARY JO	KERR, JACQUELINE	LAW, MELISSA	MAHER, ANIKO
HUGHES, ANGELA	KESSINGER, TERESA	LAWRENCE, BETTY	MAHER, MARTHA
HULL, NANCY	KILCOYNE, CRESCENCE	LAWRENCE, CATHLEEN	MAHLER, SHARON
HUMBERD, BARBARA	KIMBALL, JANICE	LEAKAN, ROSEANNE	MALONE, KIMBERLY
HURLEY, KATHLEEN	KIM, NAM-YONG	LEE, DONNA	MANIMBO, MICHELE
HUTCHINS, SARAHANN	KIM, SUSIE	LEE, GLORIA	MANNIX, MARGARET
HWU, KATIE	KIM, YOUNG	LEE, RUTH	MANNY, JOAN
	KIMZEEY, LORENE	LEGLER, ELIZABETH	MANOLATOS, ANASTASIA
i	KING, JANET	LEGREE, TRACY	MANSIR, JANET
JACKSON, BARBARA	KINSLEY, CHERYL	LEMERT, JENNIFER	MARDEN, SUSAN
JACKSON, THERESE	KIRKS, KATHARINE	LESAGE, FRANCOISE	MARDESICH, FRANCES
JACOB, PAULA	KLEIN, JENNIFER	LEVY, PAULA	MARONEY, JOANNE
	KLEMICK, JANE	LEVY, WENDE	
		LEWIS, JUNE	
		LEWIS, MARY	
		LEYDEN, CHRISTINE	
		LIBERTY, VICTORIA	

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MATHEW, SARA
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MATRAKAS, KATHERINE
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MAY, ROSE
MCATEE, NANETTE
MCBURNEY, BECKY
MCCABE, PATSY
MCCASKEY, REBECCA
MCCORDIC, LISA
MCCUEN, JOAN
MCCULLAGH, LINDA
MCDONALD, MILDRED
MCDOWELL, CHARLES
MCDOWELL, DOROTHY
MCELROY, BEVERLY
MCEVOY, MAUREEN
MCHUGH, TERESA
MCINTOSH, KATHLEEN
MCINTYRE, LORI
MCKENNA, MARGARET
MCKENZIE, VIRGINIA
MCKEON, KATHRYN
MCKINNEY, BETTY
MCKINNEY, JOSEPH
MC LAUGHLIN, DENISE
MCMAHON, SHERI
MCNEMAR, ANN
MECCARIELLO, PETER
MEDAL, SUSAN
MEDINA, DELORES
MELEASON, AMY
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METZ, SUSAN
MEYER, BARBARA
MEYER, MARY
MEYER, SARAH
MEYERS, SHERYL
MICKLE, CLARISSA
MIDDLETON, MICHELLE
MIDGLEY, MARGARET
MILLER, ELEANOR
MILLER, LAURA
MILLER, MARY

MILLER, TRISHA
MINCEMOYER, RITA
MISRA, LISA
MONTGOMERY, ESTHER
MONTRELLA, KAREN
MOORE, CLARA
MOORE, MARSHA
MORANO, CONCETTA
MORELAND, RALPH
MORGAN, EVA
MORGAN, KATHLEEN
MORIN, LIESL
MORONEY, TERESA
MORRIS, KATHERINE
MORRISON, GERALDINE
MORROW, JOANNE
MOSER, TAMMY
MOUER, MARILYN
MUEHLBAUER, PAULA
MUIR, CHRISTINE
MUIR, JOANNE
MULDOON, MARION
MULDOON, NANCY
MULLEN, NANCY
MULLIKIN, TYE
MULQUIN, MARCIA
MUNCY, LARK
MUN, KYONG
MUSALLAM, KATHLEEN
MUSSE, LAURA
MYERS, FRANCES D.
MYERS, FRANCES S.

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NAMEROW, MARY
NASH, IRIS
NAVARRO, PAMELA
NAVEAU, IRENE
NEBLETT, JAMES
NELSON, DONNA
NELSON, LOUISE
NICHOLLS, SANDRA
NICHOLS, JAMES
NOTTINGHAM, PATRICIA
NOVAKOVICH, ELAINE

NOVITSKY, DONNA
NUNEZ, OLGA
O
O'CONNELL, LESLIE
O'CONNOR, EILEEN
O'CONNOR, PATRICIA
O'DELL, WANDA
O'HAGAN, DIANA
O'LONE, MARTHA
OBERLANDER, PAULA
OBUNSE, KATHERINE
ODOM, JEANNE
OLIVER, KAREN
ORSEGA, SUSAN
OTANI, DEBRA
OURS, PHYLLIS
OVERSBY, STEVEN
OWEN, CHUCK
OWEN, DONALD

P

PACKARD, NANCY
PADGETT, ROSEMARY
PADUA, EVELYN
PADUA, MAGDALENA
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PALMER, JESSICA
PARADA, SUZAN
PARK, DORIS
PARKER, CATHERINE
PARK, YOON

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PARMENTIER, CHRISTINE
PASTUSZEK, COLLEEN
PATEL, MANJULA
PATTERSON, LAURETTA
PAULSEN, MARY
PEARSON, DEBORAH
PEARSON, ELIZABETH
PEDUZZI, TERESA
PEINHARDT, ALISA
PENN, BARBARA
PERETTI, JULIE
PERGLER, KAREN
PERRY, CHERYL
RADCLIFFE, JEANNE
RALSTON, CYNTHIA
RAWLINGS, BARBARA
RAZAVI-ZAHRA, FAYE
REED, PHILOMENA
REGGIA, ALICE
REITER, JUDITH
REIZES, YONA
RESTREPO, MONICA
REUBER, LISA
RICHARDSON, ANTOINETTE
RICHMAN, DEBORAH



RIDDICK, BERTHA	SCHENKE, LINDA	ST.GERMAINE, RICHARD	THOMPSON, VIRGINIA
RISHFORTH, BETH	SCHMIDT, ELIZABETH	STAGNITTO, MARIA	THORPE, MARGARET
RIVERA, NELLY	SCHOCK, ROXANNE	STAHLRENNBERG, LORRAINE	THREATTÉ, JANICE
RIVERA, PRISCILLA	SCHUBRING, MICHELLE	STANISLAV, PATRICIA	TIRRELL, CAROLINE
ROBESON, TUWONDA	SCHWARTZ, LISA	STASO, CHERYL	TODD, FLORENCE
ROBINOVITZ, ELAINE	SCOTT, DEBRA	STEBLEZ, DESIREE	TOKAR, INGA
ROCK, DIANE	SEARS, NANCY	STEELE, SUSAN	TOLBERT, MARY ELLEN
RODNEY, FLORA	SHADRICK, CARL	STEFAN, NANCY	TOLBERT, OLA
RODRIGUEZ, GLORIA	SHANK, PATRICIA	STEINLE, ANNE	TOMASZEWSKI, JEANETTE
RODRIGUEZ, IVELISSE	SHARP, MARY	STEJSKAL, SARA	TOMPKINS, ANNE
RODRIQUEZ, HILDA	SHAW, BETTY	STEPHENS, ELIZABETH	TOOMER-BLAKE, MARGARET
ROGERS-FREEZER, LINDA	SHERMAN, BRENDA	STEPHENS, LESLIE	TORRES, JULIE
ROLLE, CLIFFORNIA	SHIVES, BEVERLY	STILLMAN, GEORGIANA	TOWNLEY, ELLEN
ROMANO, CAROL	SHORT, MARSHA	STILLWELL, JUDY	TOWNSEND, TANYA
ROMERO, JANE	SIDOWAY, NANCY	STINE, ANNETTE	TRAIL, DOROTHY
ROOF, MARY	SIEVERS, HAI	STOCKDALE, TIMOTHY	TRUESDALE, TONYA
ROSENTHAL, CATHY	SIGLER, MARY ELIZABETH	STOCKER, VICKI	TRUMBLY, SHARON
ROSE, SUSAN	SIMMONS, SUSAN	STOLL, PAMELA	TULLY, MARY
ROSSI-COAJOU, MARY	SIMPSON-ST.CLAIR, LINDA	STORMS, CAROLINE	TURK, ANN
ROWAN, JANET	SINGLETON, BETTY	STOUFFER, KIMBERLY	TURNER, GWENDOLYN
ROWE, GINA	SIRENE, MARY	STRIDER, VICTORIA	TUSKAN, JOHN
ROWE, ROBBIN	SISTOZA, JOSEFINA	STUMP, SALLY	TYNAN, TUESDAY
ROYAL-HENRY, BETHANY	SKAHILL, VICTORIA	SULLIVAN, GAIL	
ROYCE, CHERYL	SKOPEC, ANA	SUTHERLAND, DORETT	UHLMAN, ELIZABETH
ROYSTER, MARILYN	SLAUGHTER, PAMELA	SVITAVSKY, BENE	URSELL, ANNE
RUBY, DIANE	SLAVIN, ANDREA	SWAYZE, ROGER	
RUDY, SUSAN	SMATLAK, PATRICIA	SWAYZE, SONIA	VALLEE, MARY
RUMBLE, TERRI	SMITH-JACKSON, EARLINE	SWEENEY, MARY	VAN KOPPEN, KRIEKS
RUPINTA, LARRY	SMITH, ELIZABETH		VANDERHOOF, VIEN
RUSS, THERESA	SMITH, JANET	TAKIMOTO, VICKI	VANGEYSEN, MARIE
RUTH, DOLORA	SMITH, NEVILLA	TANI, YUKIKO	VAUGHAN, ELLEN
RUTT, ANN	SMITH, ROSALIE	TARR, LINDA	VERBA, BARBARA
RYAN, PATRICIA	SMITH, SHARON	TARTAGLIA, PATRICIA	VIENNA, MARY
	SMITH, THERESA	TAYLOR, ROBERT	VILLOSO, PURITA
	SMOLSKIS, MARY	TAYS, NANCY	VINING, DONNA
SACHS, GAIL	SMYTH, MARIE	TEBBENHOFF, BILLINDA	
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SAKOL, JANET	SOBKOWSKI, CINDY	THOMAS, DOUGLAS	WALLACE, SUSAN
SAMAHAN, RAMONA	SOHNS, SANDRA	THOMAS, JUDI	WALSH, BEVERLY
SAMUELSON, MARY	SOPHANY, JEANETTE	THOMAS, MARGARET	WALSH, MARIA
SANDELLI, SUSAN	SPARBER, ANDREW	THOMAS, NAOMI	WALTHER, ROSEMARY
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SANTUCCI, ANTHONY	SPERO, DAVID	THOMAS, SHELIA	WARD, CARRIE
SCANLON, KRISTEN	SPICER, RUTH	THOMPINKS, DIANE	
SCHAFFER, YVONNE	SPILLERS, GERALDINE	THOMPSON, BARBARA	
SCHAFFER, SUSAN	SPINELLI, DARLENE		
	SQUIRES, SUSAN		



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WATKINS, CARRIE	WHITE, THERESE	WILSON, JENNIFER	YARBORO, CHERYL
WEAVER, ERIKA	WHITING, BARBARA	WILSON, MILDRED	YARBOROUGH, PATRICIA
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WEIDINGER, JEAN	WIEDERRECHT, GRETCHEN	WINOGRADOFF, VALERIE	YATES, JAN
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WELLS, MARY C.	WILLIAMS, BERNICE	WOOD, CHRISTINE	
WENDELL, KRISTIE	WILLIAMS, CHRISTINE	WOODRING, KIMBERLY	
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WHITE, RITA	WILLIAMS, KARLA	WRIGHT, MILDRED	ZIMMERMAN, KATHLEEN
WHITE, SUSAN	WILLIAMS, LINDA		ZUCKERMAN, JUDY

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